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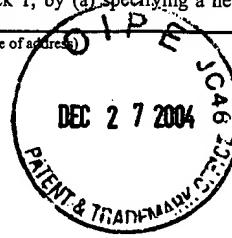
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7590 09/23/2004

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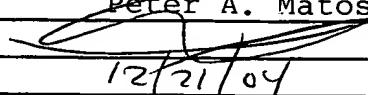
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Peter A. Matos		(Depositor's name)
		(Signature)
12/21/04		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09886,660	06/21/2001	Tomiko Erickson	1.792.00	4747

TITLE OF INVENTION: COVER ASSEMBLY FOR HOSPITAL CARTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VANAMAN, FRANK BENNETT	3618	280-079200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 12/21/04

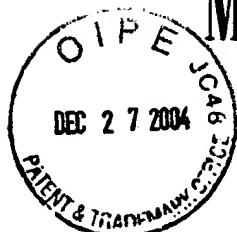
Typed or printed name Peter A. Matos

Registration No. 37,884

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December 21, 2004

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Re: Applicant: Tomiko Erickson
Application No.: 09/886,660
Title: COVER ASSEMBLY FOR HOSPITAL CARTS
Our Ref: 1.792.00

Dear Sir:

We enclose herewith the issue fee transmittal papers in connection with the above-referenced case together with our check in the amount of \$1,000.00 representing payment of the issue and publication fee.

Kindest regards,

Very truly yours,

Peter A. Matos
For the Firm

PM/msh
Enclosures

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tomiko Erickson

Serial No.: 09/886,660

Filing Date: June 21, 2001

For: COVER ASSEMBLY FOR HOSPITAL CARTS



Confirmation No. 4747
Vanaman, Frank Bennett, Examiner
Group Art Unit 3618

2800 S.W. Third Avenue
Historic Coral Way
Miami, Florida 33129

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING

I HEREBY CERTIFY that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, this 21st day of December, 2004.

Respectfully submitted,

MALLOY & MALLOY, P.A.
2800 S.W. Third Avenue
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Miami, Florida 33129
(305) 858-8000

By:

Peter A. Matos
Reg. No. 37,884

Date: 12/21/01